Date of Deposit: November 10, 2003

Attorney's Docket No. <u>032304-075</u>

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

UTILITY PATENT APPLICATION TRANSMITTAL LETTER

MAIL STOP PATENT APPLICATION

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Customer No. 2 1 8 3 9

	E	inclo	osed for filing is the utility patent application of <u>Frank Litvack and Theodore L. Parker</u>
for			HOD AND APPARATUS FOR TREATING VULNERABLE ARTHEROSCLEROTIC
PL/	\O	UE_	•
	[]	Applicant(s) hereby requests that the above-captioned application NOT BE PUBLISHED

	ander 35 U.S.C. § 122(b) and 37 C.F.R. § 1.211. The undersigned hereby certifies that the invention disclosed in this application has not and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at eighteen months after filing.				
[X]	Applicant(s) suggest(s) Figure _1_ for inclusion on the front page of the patent application publication and patent.				
[X]	Applicant(s) requests that the published application include the following assignment information: <u>Conor Medsystems</u> , <u>Inc.</u> .				
Also	enclosed are:				
[X]	sheet(s) of drawings;				
[]	a claim for foreign priority under 35 U.S.C. §§ 119 and/or 365 is [] hereby made to $_$ filed in $_$ on $_;$				
	[] in the declaration;				
[]	a certified copy of the priority document;				
[]	a General Authorization for Petitions for Extensions of Time and Payment of Fees;				
[]	an Assignment document;				
[]	an Information Disclosure Statement;				
[]	a patent application data sheet; and				
[]	Other:				
[X]	An [] executed [X] unexecuted declaration of the inventor(s)				
	[X] also is enclosed [] will follow.				
[X]	Small entity status is hereby claimed.				

[X] The filing fee has been calculated as follows [] and in accordance with the enclosed preliminary amendment:

CLAIMS							
	No. Of CLAIMS		EXTRA CLAIMS	RATE	FEE		
Basic Application Fee					\$770.00 (1001)		
Total Claims	26	MINUS 20 =	6	× \$18.00 (1202) =	108.00		
Independent Claims	2	MINUS 3 =	0	× \$86.00 (1201) =	0		
If multiple dependent claims are presented, add \$290.00 (1203)							
Total Application Fee							
If small entity status is o	439.00						
Add Assignment Recording Fee \$40.00 (8021) if Assignment document is enclosed							
TOTAL APPLICATION FEE DUE					439.00		

[]	This application is being filed without a filing fee.	Issuance of a Notice to File Missing
	Parts of Application is respectfully requested.	

[X] A check in the amount of $\frac{439.00}{}$ is enclosed for the fee due.

[] Charge \$ _____ to Deposit Account No. 02-4800 for the fee due.

[X] The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Please address all correspondence concerning the present application to:

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Customer Number: 21839

P.O. Box 1404

Alexandria, Virginia 22313-1404.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Date: November 10, 2003

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Registration No. 26,057

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